

10/540371

FILED UNDER 35 U.S.C. 371

PATENT NUMBER and
ISSUE DATE

U.S. UTILITY Patent Application

APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
<p>(FACE)</p>					

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NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED	
			Total Claims	Print Claim for O.G.
ISSUE FEE		Primary Examiner	DRAWING	
Amount Due	Date Paid		Sheets Drwg.	Figs.Drwg.
<input type="checkbox"/> TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application Examiner	
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UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 1019-0371

Publication Date 7.8.04

Publication No. WO 2004/056823 PCT/RO/101

Copy of ISR EP, Copy of IPER EP

Assignee information:

Priority Info: Country GB No. 0235045.7 date 12.23.02 MORE

Correspondence checked: 20462 deposit account

Inventor Residence city: , state and/or country citizenship:

International Application No. PCT / Language

Copy in International Application: ✓; Translation: yes no Spec.pg no. 211
28 claim

371 Filing Fees: ; US IPER meets Art. 33(2)-(3) Low fee applies:

Total Claims: 55 Chargeable 55 Independent 2 multiple 146

- Number of drawing Sheets: 0 Foreign language:

Oath/Declaration: signed unsigned defective completed Power of Attorney:

Small entity fee: SME document yes no

Bio Seq. Diskette: entered Bio Seq. Listing: statement

Article 19 Amendment: ; replaced by Article 34 Amdt.

Copy ISA References

Copy of IPER: ; Annexes: entered not entered Text sequence improper

Preliminary Amendment(s): ✓ date: 6.23.05; 2nd amendment date

IDS: ✓ DATE: 6.23.05 2nd DATE

Request for Immediate Examination: ✓

Substitute Specification: date:

Assignment: forwarded to Assignment branch date:

Priority Document(s): ✓ Number of copies included 3

Date of 35 USC Receipt of Request: 6.23.05

Notes:

Date Completion USC 371 Requirements:

Notice of Missing Requirements: 12.22.05

Notice of Defective Response:

Notice of Acceptance:

Notice of Abandonment: Petition to Revive:

Other forms: Extension of time: Number of months

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Priority info: country_____ No. _____ Date: _____

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